

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

08 JAN 30

AN ID: 45

Is this report an Amendment? **NO**

COMMITTEE IDENTIFICATION

Name of Committee Cross-Leone for School Board

Address 4621 Kennedy Road

City, State, ZIP Madison, WI 53704

OFFICE USE ONLY

WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT Terminal Report

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ -	\$ 3,478.99		
B. Contributions from Committees (Transfers-In)	\$ -	\$ 500.00		
C. Other Income and Commercial Loans	\$ -	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ 3,978.99		

1. DISBURSEMENTS

A. Gross Expenditures	\$ 125.00	\$ 2,244.51		
B. Contributions to Committees (Transfers-Out)	\$ 709.48	\$ 1,809.48		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 834.48	\$ 4,053.99		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 834.48		
Total Receipts	\$ -		
Subtotal	\$ 834.48		
Total Disbursements	\$ 834.48		
CASH BALANCE AT END OF REPORT	\$ -		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ -		

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

JILL JOKELA

Signature of Candidate or Treasurer



Date 1-30-08

Daytime Phone
608-469-3768

NOTE: The information on this form is required by ss. 11.06 11 20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss 11.60 11 62, Wisconsin Stats.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
CROSS-LEONE FOR SCHOOL BOARD

Instructions for completing schedules are on the back of each schedule.

Date	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
12/12/07	Pam CROSS-LEONE 4621 KENNEDY RD MADISON WI 53704 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Loan Repayment	\$ 125.00	
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 125.00	
TOTAL ITEMIZED EXPENDITURES			\$ 125.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 125.00	

Cross-Leone for School Board

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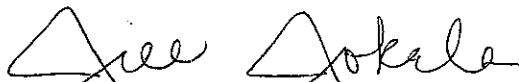
SCHEDULE 4 TERMINATION REQUEST

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the obligations and cash balance have been reduced to zero.
 - Candidates may not terminate prior to the election in which they are participating.
 - Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
 - Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS		
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.		
DATE	RECIPIENT	AMOUNT
12/12/07	Pam Cross-Leone, 4621 Kennedy Road, Madison, WI 53704	\$ 125.00
12/12/07	Ed Hughes for School Board, 2226 Lakeland Ave., Madison, WI 53704	\$ 709.48

LOAN OR DEBT FORGIVENESS		
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.		
DATE	Endorser, Guarantor, or Creditor	AMOUNT

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



1-30-08

Signature of Candidate or Treasurer

Date